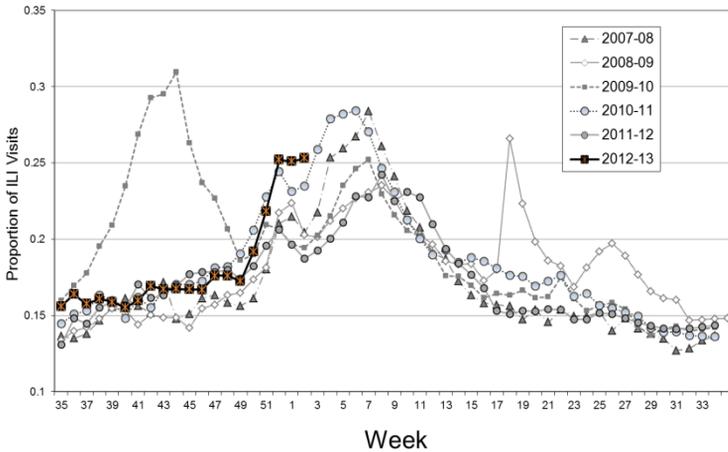


## Influenza has Arrived in Los Angeles County

In the past several weeks, there has been a marked increase in the total number and percent positive of influenza tests in Los Angeles County (LAC) (Table 1, Figure 2) though these levels are within the range seen in LAC in the past several years (Figure 4, page 2). In contrast, RSV and rhinovirus activity has decreased (Figure 2). The opposing trends in influenza and RSV may have resulted in a leveling off of respiratory illness in Emergency Departments (Figure 1). Nationally influenza-like illness activity has been high across the country though moderate in California (Figure 4) at this time. Since we have not yet hit our peak for influenza, Public Health continues to encourage vaccination as the single most effective preventive measure against infection or severe illness due to influenza.

**Figure 1**  
Respiratory Illness ED Visits in LA County (2007-2013)  
By MMWR Surveillance Week

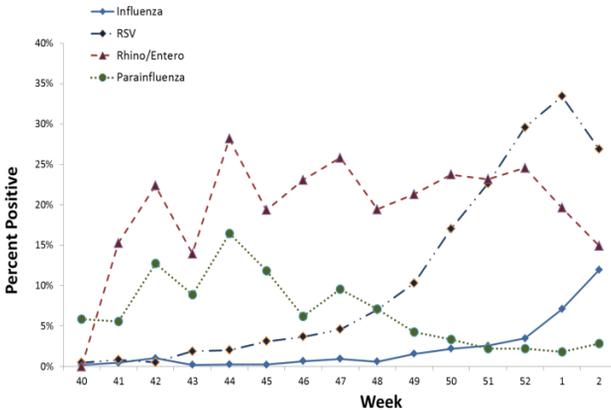


**Table 1**  
LA County Surveillance Summary (2012-2013)  
MMWR Surveillance Week 2

LA County Surveillance Summary	Week 2	2012-2013 Season YTD
Positive Flu Tests / Total Tests (Percent Positive Flu Tests)	127/1063 (11.9%)	269 / 8437 (3.2%)
Percent Flu A / B	82/18	81/19
Positive RSV Tests / Total Tests (Percent Positive RSV Tests)	202/751 (26.9%)	899 / 6507 (13.8%)
Community Respiratory Outbreaks, Reported	1	4
Flu Deaths, Confirmed (Pediatric Flu Deaths, Confirmed)	----- *	1 (0)

\* Due to lag times in reporting and confirmation of cause, weekly flu death data are delayed.

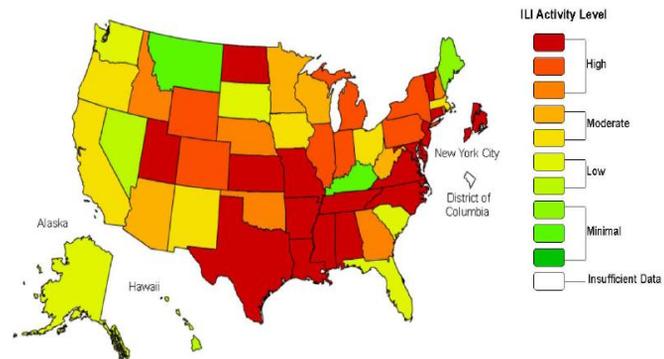
**Figure 2: Respiratory Viruses in LA County (2012-2013)**  
Percent Positive Cases by MMWR Surveillance Week



As seen in Figure 2 above, the level of RSV detections has decreased in the past week (though still higher than normally seen at this time of year). Influenza is rising to a level consistent with the moderately severe influenza season of 2010-2011 (see Figure 4 on page 2). Rhinovirus (associated with the “common cold”) has been decreasing.

**Figure 3: Influenza-Like Illness in the United States**  
Surveillance Week 2

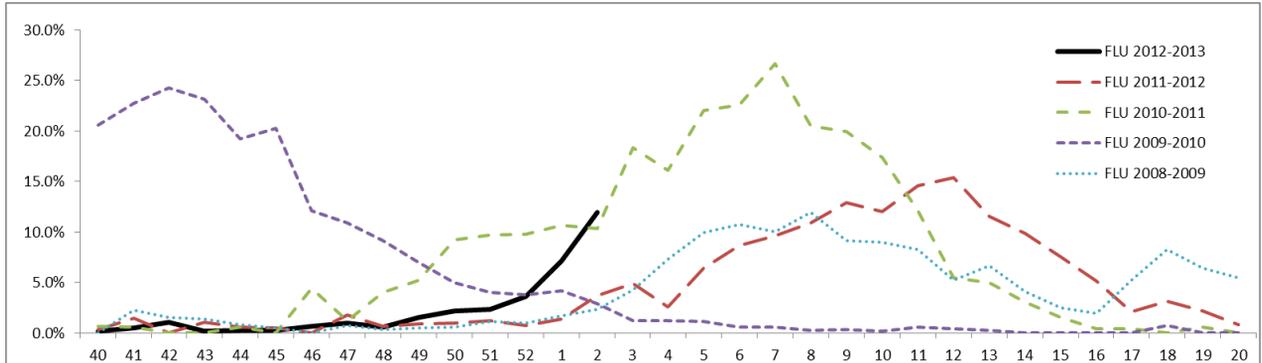
Influenza-Like Illness (ILI) Activity Level Indicator Determined by Data Reported to ILINet  
2012-13 Influenza Season Week 2 ending Jan 12, 2013



Nationally, influenza-like illness (fever and cough or sore throat) in outpatient settings is elevated in most states. The level is only moderate in California, though laboratory confirmed influenza has been seen across the state. For more information about influenza, visit:

- California: <http://tinyurl.com/acfkmg>
- United States: <http://www.cdc.gov/flu/weekly>

**Figure 4**  
**Influenza in Los Angeles County 2008-2013**  
**Percent Positive Cases by MMWR Week**



### HIGHLIGHTS of RECENT FINDINGS and CDC RECOMMENDATIONS RELATED to INFLUENZA

A study released in the New England Journal of Medicine on January 16, 2013, found that influenza vaccination was safe for pregnant women (<http://tinyurl.com/bhmyny8>) and may have reduced influenza-related deaths during the H1N1 pandemic. A CDC study, released on January 18, 2013, estimated that the effectiveness of the 2012-2013 influenza vaccine is 62% to prevent influenza-associated, medically attended acute respiratory infection (<http://tinyurl.com/aj3pro7>). This is similar to other studies on influenza vaccination effectiveness. While vaccination is still considered the most effective means to prevent infection influenza, some vaccinated persons will become infected with influenza despite being vaccinated. Therefore, antiviral medications should still be used as recommended in patients regardless of their vaccination status.

Now that the prevalence of influenza has reached >10% in Los Angeles County (Figure 4, this page), clinicians should strongly consider antiviral medication for vulnerable patients who have fever and new onset of cough or fever. The decision to use antiviral medications in hospitalized patients should not wait for laboratory confirmation. CDC recommends antiviral treatment as early as possible for any patient with confirmed or suspected influenza who is hospitalized; has severe, complicated, or progressive illness; or is at higher risk for influenza complications. These patients include:

- children aged younger than 2 years;
- adults aged 65 years and older;
- persons with chronic pulmonary (including asthma), cardiovascular (except hypertension alone), renal, hepatic, hematological (including sickle cell disease), metabolic disorders (including diabetes mellitus), or neurologic and neurodevelopment conditions (including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy [seizure disorders], stroke, intellectual disability [mental retardation], moderate to severe developmental delay, muscular dystrophy, or spinal cord injury);
- persons with immunosuppression, including that caused by medications or by HIV infection;
- women who are pregnant or postpartum (within 2 weeks after delivery);
- persons aged younger than 19 years who are receiving long-term aspirin therapy;
- American Indians/Alaska Natives;
- persons who are morbidly obese (i.e., body-mass index is equal to or greater than 40); and
- residents of nursing homes and other chronic-care facilities.

For more information about the CDC's recommendations for influenza antiviral treatment, released on January 15, 2013, please go to: <http://tinyurl.com/b4g5jm6>